

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

2

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

| | | | | | |
|---|----------------------------------|---|---------------------------|---|----------------|
| 1. DATE OF ORDER 09/28/2012 | | 2. CONTRACT NO. (If any) V797P-4638A | | 6. SHIP TO: | |
| 3. ORDER NO. DTMA-95-F-2012-0038 | | 4. REQUISITION/REFERENCE NO. MMA-PR5401-20120047 | | a. NAME OF CONSIGNEE U.S Merchant Marine Academy | |
| 5. ISSUING OFFICE (Address correspondence to) U.S.Merchant Marine Academy Division of Procurement USMMA-5206 300 Steamboat Road Kings Point NY 11024-1699 | | | | b. STREET ADDRESS U.S. DOT/Maritime Administration 300 Steamboat Road | |
| | | | | c. CITY Kings Point | d. STATE NY |
| | | | | e. ZIP CODE 11024-1699 | |
| 7. TO: Bryan Messier, Govt Business POC | | | | f. SHIP VIA | |
| a. NAME OF CONTRACTOR CLAFLIN SERVICE COMPANY (dba: Claflin Medical Equipment) | | | | 8. TYPE OF ORDER | |
| b. COMPANY NAME | | | | <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY | |
| c. STREET ADDRESS PO Box 6887 | | | | REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. | |
| d. CITY Warwick | | e. STATE RI | f. ZIP CODE 02887-6887 | | |
| 9. ACCOUNTING AND APPROPRIATION DATA See Schedule | | | | 10. REQUISITIONING OFFICE Dept. of Health Services | |
| 11. BUSINESS CLASSIFICATION (Check appropriate box(es)) | | | | 12. F.O.B. POINT Destination | |
| <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> h. ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) | | | | | |
| 13. PLACE OF | | 14. GOVERNMENT B/L NO. | | 15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 10/31/2012 | |
| a. INSPECTION KINGS POINT, NY | b. ACCEPTANCE KINGS POINT, NY | | | 16. DISCOUNT TERMS | |

17. SCHEDULE (See reverse for Rejections)

| ITEM NO. (a) | SUPPLIES OR SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|-----------------|-----------------------------|-------------------------|-------------|-------------------|---------------|--------------------------|
| | EXAM TABLES- | | | | | |
| | Continued ... | | | | | |

| | | | | | | | |
|-------------------------------------|--|--|---------------------------|----------------|----------------------|------------|---------------------------|
| SEE BILLING INSTRUCTIONS ON REVERSE | 18. SHIPPING POINT | | 19. GROSS SHIPPING WEIGHT | | 20. INVOICE NO. | | 17(h) TOTAL (Cont. pages) |
| | 21. MAIL INVOICE TO: | | | | | | |
| | a. NAME USMMA A/P BRANCH | | | | | | \$3,735.00 |
| | b. STREET ADDRESS (or P.O. Box) AMZ-160 P.O. Box 25710 | | | | | | |
| c. CITY Oklahoma City | | | | d. STATE OK | e. ZIP CODE 73125 | \$3,735.00 | 17(i) GRAND TOTAL |

22. UNITED STATES OF AMERICA BY (Signature)



23. NAME (Typed)
Maxmillian Diah
TITLE: CONTRACTING/ORDERING OFFICER

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

2

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DATE OF ORDER
09/28/2012

CONTRACT NO.
V797P-4638A

ORDER NO

DTMA-95-F-2012-0038

| ITEM NO (a) | SUPPLIES/SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|----------------|--|----------------------------|-------------|----------------------|---------------|-----------------------------|
| 0001 | <p>Admin Office: U.S.Merchant Marine Academy Division of Procurement USMMA-5206 300 Steamboat Road Kings Point NY 11024-1699</p> <p>Accounting Info: 70121750MA-2012-1MSP000005-0000520300-31650-61006600</p> <p>UMF 8678 Pwr Phlebotomy Chair Part# CESS-700117-00000 Mfr Part# 8678</p> <p>DUNS:838196814 DBA:CLAFLIN MEDICAL EQUIPMENT REMIT TO: SAME AS ABOVE CONTACT: DEBORAH PORTER, CONTRACT SPECIALIST 516-726-6137 INVOICE INQUIRIES: TAMMY CURNETT 405-954-2063 MARKVIEW INVOICES: RICK SAGER</p> <p>The total amount of award: \$3,735.00. The obligation for this award is shown in box 17(i).</p> | 1 | EA | 3,735.00 | 3,735.00 | |

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$3,735.00